

Foster Family Home - Corrective Action Report

Provider ID: 1-580234

Home Name: Leonora Antonio, CNA

94-1075 Puloku Street

Waipahu

HI 96797

Review ID: 1-580234-5

Reviewer: David Ayling

Begin Date: 4/12/2018

End Date: 4/12/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 4/12/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

David A. Ayling
Compliance Manager

[Signature]
Primary Care Giver

4/12/18
Date

4/12/18
Date